

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Julia Ann Boyce
Town Rock Hall County Kent

MARYLAND

Date
of death1904 March 24th

Age

Years 81

Months 4

Days 6

Sex

female

Color or
Race

white

Birth-
place

Leonardtown Md

Occupation

none

Where Residing if not
at place of death

At Place of Death

Married, Single
or WidowedName of Wife or
Husband

James A Boyce

Father's
Name

Cornelius Colison

Father's
Birthplace

St. Marys Co.

Mother's
Maiden Name

Mary A. Grumwell

Mother's
Birthplace

" " "

Name of person giving
Information

Samuel E. Boyce

How related
to deceased

Son

CAUSES OF DEATH

154

Primary

Senility

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Thos R. Wilson

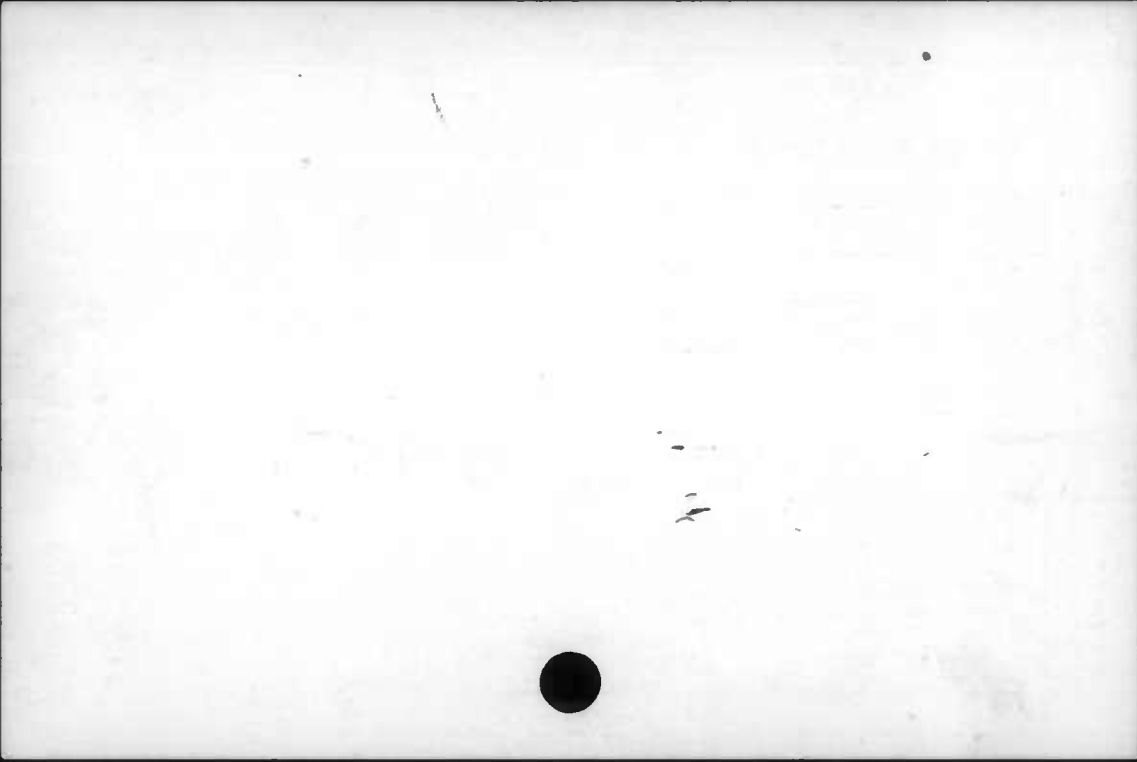
Address

Edesville

Accident or Suicide

Md

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Margaret Brown		County		MARYLAND	
Died at		Town		County	
Date of death		Month	Day	Years	Months
1909		March	29	Age	53
Sex	Female	Color or Race	Coed	Birth-place	Chestertown
Occupation	House Wife		Where Residing if not at place of death		
Married, Single or Widowed	married	Name of Wife or Husband	Geo Brown		
Father's Name	Michael Trusty		Father's Birthplace	Md	
Mother's Maiden Name	Hester Trusty		Mother's Birthplace	Md	
Name of person giving Information	Geo Brown		How related to deceased	Husband	

CAUSES OF DEATH

43

Primary	Cancer Left Breast	How long	2 years
Immediate	Cancer	How long	2 years
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	H. B. Brugh Simmons
yes		Address	Chestertown
Accident or Suicide		no	

PHYSICIAN
OR CORNER

Chas L Dodd
Undertaker

James M. E. Cemetery cold

Name
in
Full

Martha Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

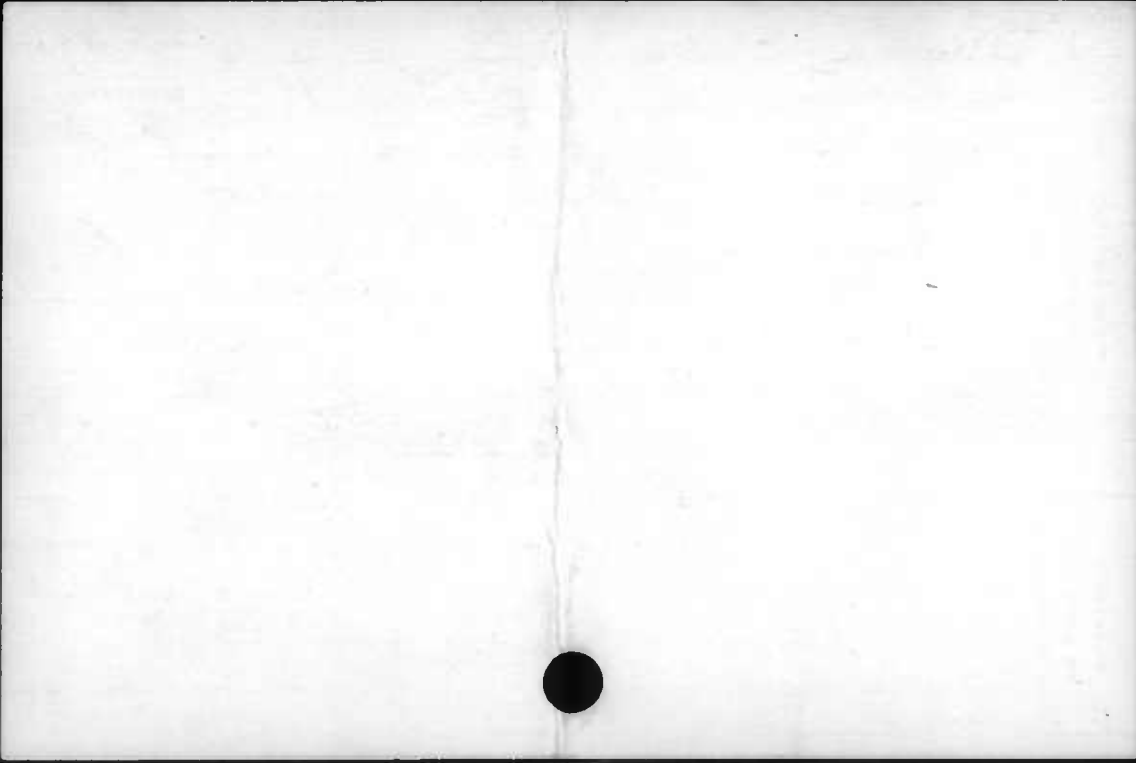
Died at <u>Sassafras</u> ^{Town}		<u>Kent</u> ^{County}		MARYLAND	
Date of death	Month	Day	Age	Years	Months
1909	March	27	8		20
Sex	Female		Color	<u>White</u>	
Occupation			Birthplace	<u>Sassafras</u>	
Where Residing if not at place of death			<u>Sassafras</u>		
Married Single			Name of Wife or Husband		
<u>Elizabeth Palmer</u>			<u>Elizabeth Palmer</u>		
Father's Name			Father's Birthplace		
<u>Ezekiel Brown</u>			<u>Sassafras</u>		
Mother's Maiden Name			Mother's Birthplace		
<u>Elizabeth Palmer</u>			<u>Sassafras</u>		
Name of person giving Information			How related to deceased		
<u>Ezekiel Brown</u>			<u>Father</u>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<u>Phthisis</u>	How long	<u>5 months</u>
Immediate	<u>Exhaustion</u>	How long	<u>2 weeks</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>J. J. May Jr.</u>	
Accident or Suicida		Address	
		<u>Cherrywood Md.</u>	



Name
in
Full

Catherine Weldon Capps

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Still Pond		Town		County Kent		MARYLAND	
Date of death 1909	Month Mar	Day 4	Age 61	Years	Months 7	Days 1	
Sex female	Color or Race White		Birth-place md				
Occupation House-wife	Where Residing if not at place of death						
Married, Single or Widowed married	Name of Wife Husband Wilson Capps						
Father's Name James Robinson	Father's Birthplace md						
Mother's Maiden Name Catherine Weldon	Mother's Birthplace md						
Name of person giving Information Mrs Mary Sutton	How related to deceased Sister						

CAUSES OF DEATH

66

Primary	Bright's disease.	How long	2 years.
Immediate	Paralysis.	How long	2 weeks.
Are the name, age, sex, color, date and place correctly given above?	yes.	Signature of Physician	W. S. Maxwell.
		Address	Still Pond, Md.
Accident or Suicide			

PHYSICIAN
OR CORONER

Still Pond

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>New Horton</i>		Town <i>Horton</i>		County <i>West</i>		MARYLAND	
Date of death <i>1909</i>		Month <i>March</i>		Day <i>22</i>		Age <i>—</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Horton</i>		Months <i>3</i>	
Occupation <i>Infant</i>		Where Residing if not at place of death <i>Home</i>		Years		Days <i>0</i>	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>		Father's Name <i>Ernest Comegeys</i>		Father's Birthplace <i>Horton</i>	
Mother's Maiden Name <i>Emma Rynson</i>		Name of person giving Information		Mother's Birthplace <i>Horton</i>		How related to deceased	

CAUSES OF DEATH

29

PHYSICIAN
OR CORONER

Primary <i>Rachitis</i>	How long <i>all life</i>
Immediate <i>Tuberculous meningitis</i>	How long <i>6 weeks</i>
Are the name, age, sex, color, data and place correctly given above? <i>yes</i>	Signature of Physician <i>H. B. Benjamin</i>
<i>no</i>	Address <i>Chestelown Md</i>
Accident or Suicide <i>no</i>	

Charles Dodd

Undertaker

Worton Point

Kent Co

Name
in
Full

CERTIFICATE OF DEATH

Wm H. Dowers

Town

County

MARYLAND

Died at

Massey

Kent

Date

of death 1909

Month

Mar

Day

16

Age

Years

52

Months

10

Days

—

Sex

Male

Color or
Race

White

Birth-
place

Kenton Del

Occupation

Farmer

Where Residing if not
at place of death

Massey

Married, Single
or Widowed

Married

Name of Wife or
Husband

Kate Dowers

Father's
Name

M. C. Dowers

Father's
Birthplace

Delaware

Mother's
Maiden Name

Lydia A. Wilder

Mother's
Birthplace

Delaware

Name of person giving
Information

Kate Dowers

How related
to deceased

Daughter

CAUSES OF DEATH

Blow from stump chisel

Primary

Killed by blow

How long

166

Immediate

to heart

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

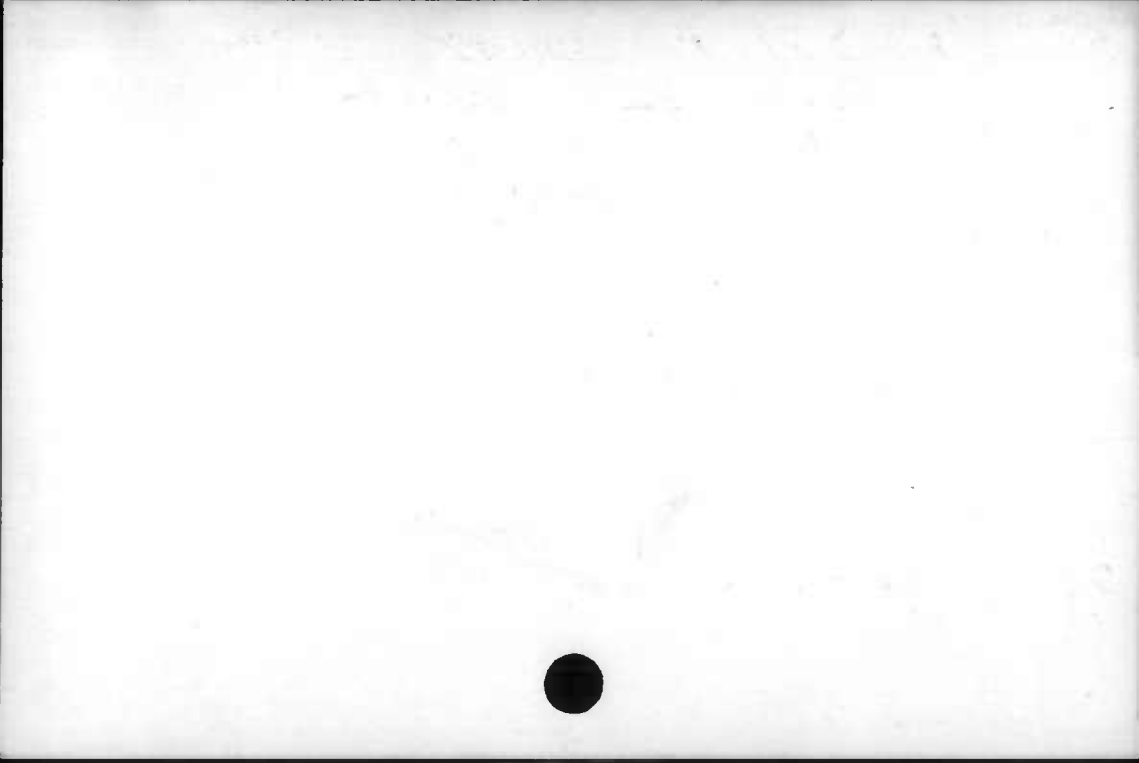
C. P. Gorman M.D.

Millington
Md

Accident or Suicide

Accident

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Raydall Garnett Jr.

Town

County

Chesapeake

Kent

MARYLAND

Date
of death

1909 Mar

Month

Day

11

Years

Age

1

Months

Days

Sex

Male

Color or
Race

Colored

Birth-
place

Kent Co Md.

Occupation

Child

Where Residing if not
at place of death

at home

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Raydall Garnett

Father's
Birthplace

Kent Co Md

Mother's
Maiden Name

Elizabeth Wilson

Mother's
Birthplace

Kent Co Md

Name of person giving
Information

Raydall Garnett

How related
to deceased

Father

CAUSES OF DEATH

93

Primary

Pneumonia

How long

10 Days

Immediate

Heart Failure

How long

Are the name, age, sex, color, date
and place correctly given above?

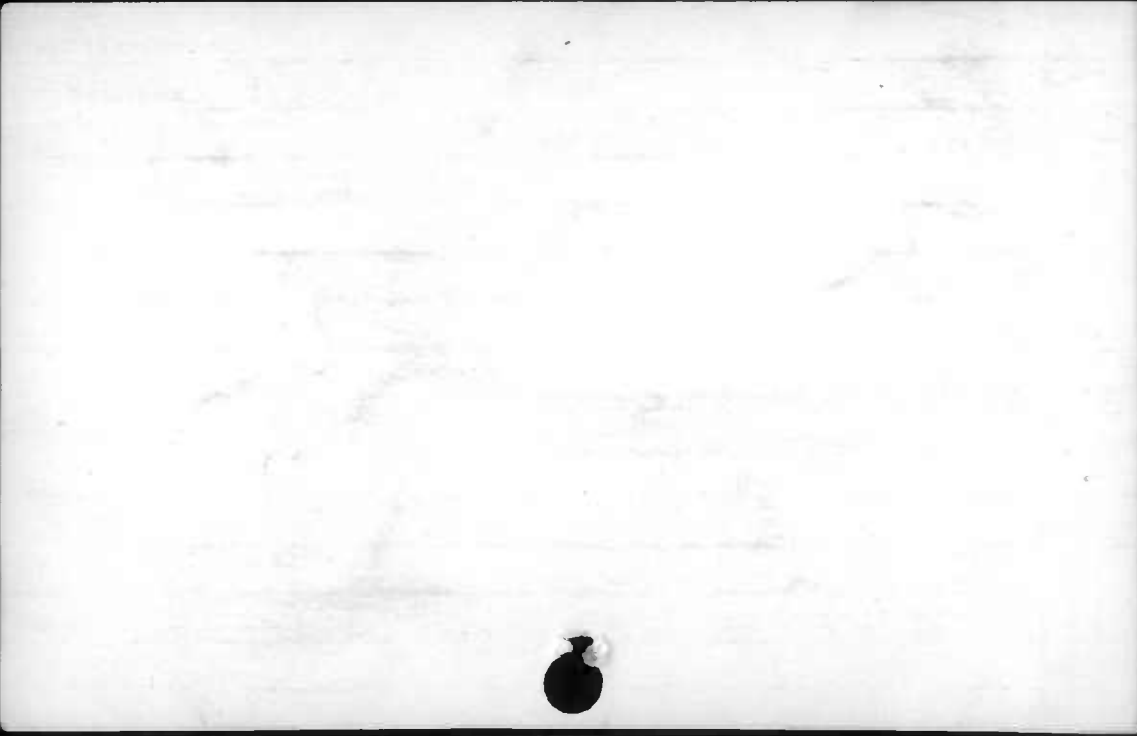
Yes

Signature of
Physician

Address

L. P. Lawrence M.D.
Millington
Md.PHYSICIAN
OR CORONER

Accident or Suicida



Name
in
Full

George Gould

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Thurston ^{Town} Leath ^{County}
 Date of death 1909 Mar ^{Month} 7 ^{Day} Age 38 ^{Years} 38 ^{Months} 38 ^{Days}
 Sex Male Color or Race Col Birth-place Ind
 Occupation Laborer Where Residing if not at place of death
 Married, Single or Widowed Married Name of Wife or Husband Emma Thomas
 Father's Name John H Gould Father's Birthplace Ind
 Mother's Maiden Name Amin Yorker Mother's Birthplace Ind
 Name of person giving Information Maggie Gould How related to deceased Sister

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary Acute indigestion ^{How long} several months
 Immediate Sudden heart failure ^{How long} immediate
 Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician H. G. Simpson
 Address Thurston
 Accident or Suicide No

James M. E. Cemetery.
Chas L Dodd.

Name
in
Full

CERTIFICATE OF DEATH

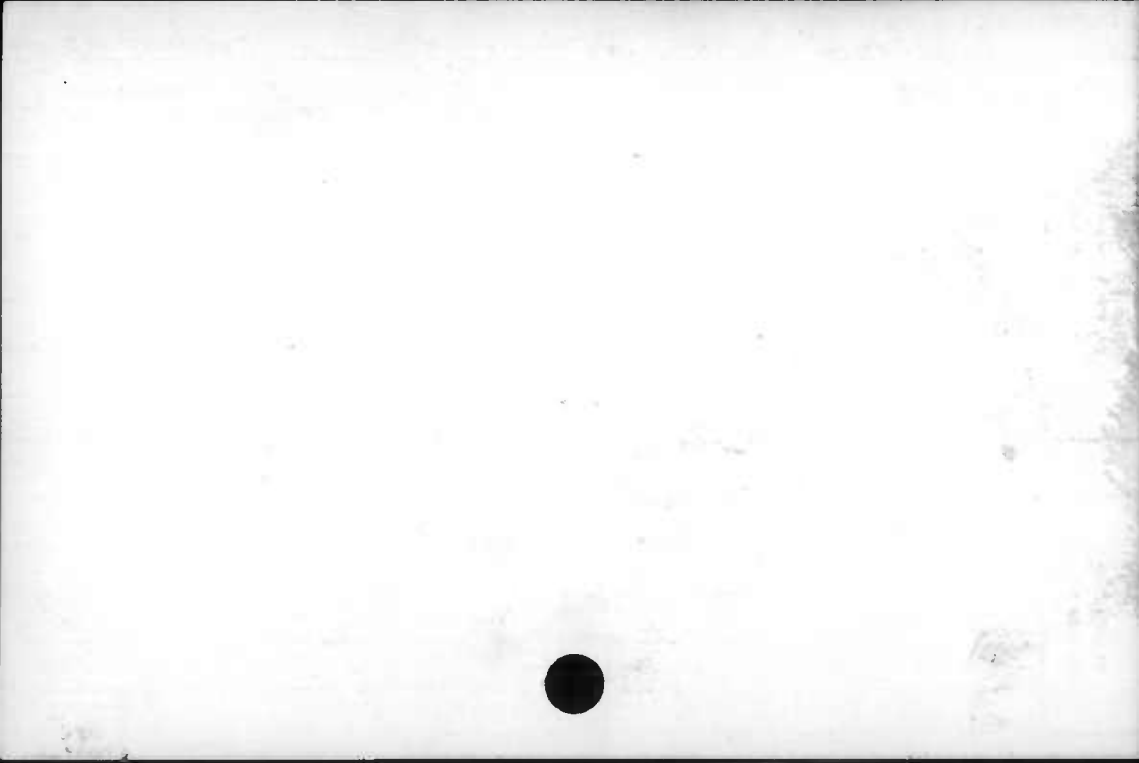
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Anna A. Hackett		Town Wheat		County Kent		State MARYLAND	
Died at Wheat		Month March		Day 25		Years 2	
Date of death 1902		Age 25		Months 2		Days —	
Sex female		Color or Race Black		Birth-place md			
Occupation —				Where Residing if not at place of death —			
Married, Single or Widowed C		Name of Wife or Husband —					
Father's Name Walter Hackett		Father's Birthplace md					
Mother's Maiden Name I. Turner Hollands		Mother's Birthplace md					
Name of person giving information Carlson Boyer		How related to deceased none					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pneumonia	How long (93)
Immediate —	How long —
Are the name, age, sex, color, date and place correctly given above? Yes.	Signature of Physician L. P. Atwell M.D.
	Address Still Pond, md.
Accident or Suicide —	



Name
in
Full

Martha Jane Harris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town near Kennedyville County Trent **MARYLAND**

Died at near Kennedyville

Date of death 1909 Month Mar Day 21 Age — Years — Months 7 Days —

Sex female Color or Race Black Birth-place md

Occupation — Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Carroll Harris Father's Birthplace Ill

Mother's Maiden Name Sarah Cault Mother's Birthplace md

Name of person giving Information Sarah Cault How related to deceased mother

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

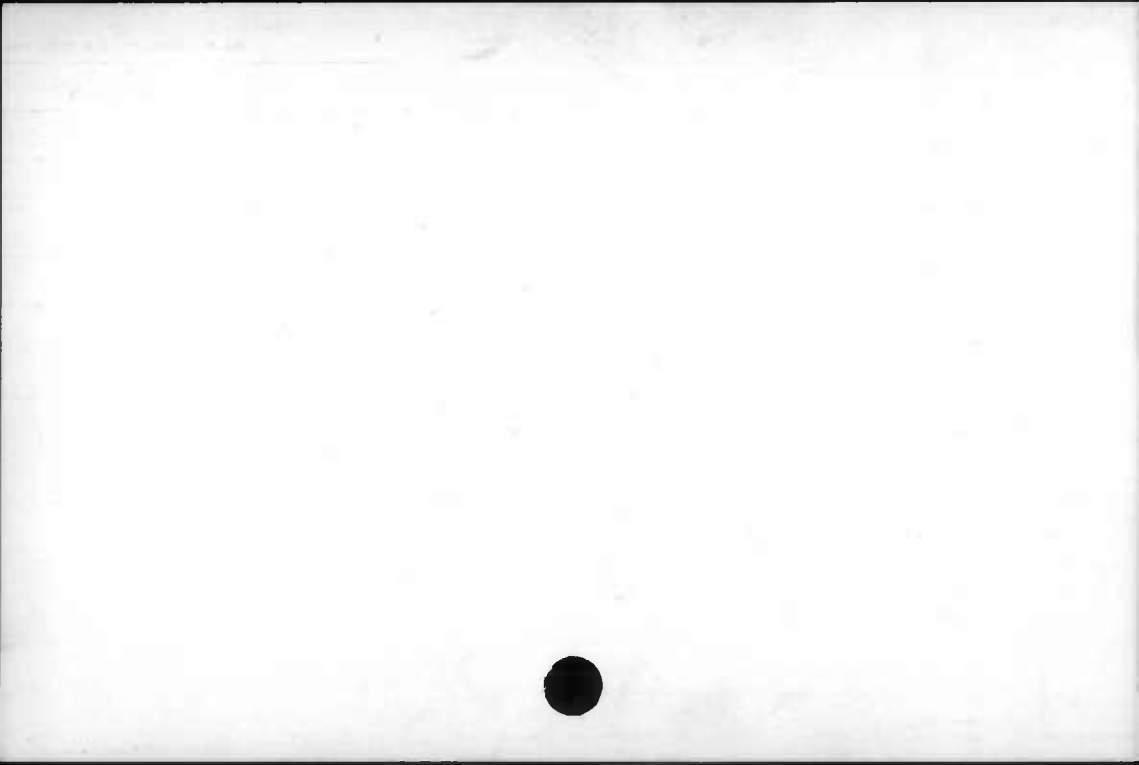
Primary Pneumonia How long 2 weeks

Immediate Exhaustion How long 8 hours

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician Jon. W. Elrie

Address Kennedyville
md

Accident or Suicide



Name
in
Full

George W. Hatcherson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Christown</i> ^{Town}		<i>Kent</i> ^{County}	
Date of death <i>1909 March 24</i>		Age <i>63</i> Years	<i>3</i> Months <i>29</i> Days
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Kent Co</i>	
Occupation <i>farmer</i>	Where Residing if not at place of death <i>Christown Md</i>		
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Sallie Hatcherson</i>		
Father's Name <i>Bartus Hatcherson</i>	Father's Birthplace <i>Kent Co</i>		
Mother's Maiden Name <i>Rachel Usilton</i>	Mother's Birthplace <i>Christown</i>		
Name of person giving information <i>Sallie Hatcherson</i>	How related to deceased <i>wife</i>		

CAUSES OF DEATH

44

PHYSICIAN
OR CORONER

Primary <i>Cancer of Face</i>	How long <i>about 1 yr.</i>
Immediate <i>Exhaustion</i>	How long <i>several months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank B. Ames M.D.</i>
	Address <i>Christown Md</i>
Accident or Suicide? <i>No</i>	

Chas. L. Dodd

Cheney Cemetery

Name
in
Full

William E. Henry

CERTIFICATE OF DEATH

Died at Galena ^{Town} Kent ^{County} **MARYLAND**

Date of death 1909 Month 3 Day 20 Age 25 - Months — Days —

Sex male Color or Race colored Birth-place md.

Occupation farm laborer Where Residing if not at place of death —

Married, Single or Widowed single Name of Wife or Husband —

Father's Name Samuel Henry Father's Birthplace md.

Mother's Maiden Name Eliza Gurnea Mother's Birthplace md.

Name of person giving Information Josiah Henry How related to deceased brother

CAUSES OF DEATH

27

Primary Tuberculosis lungs How long 1 year
paralysis heart How long —

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

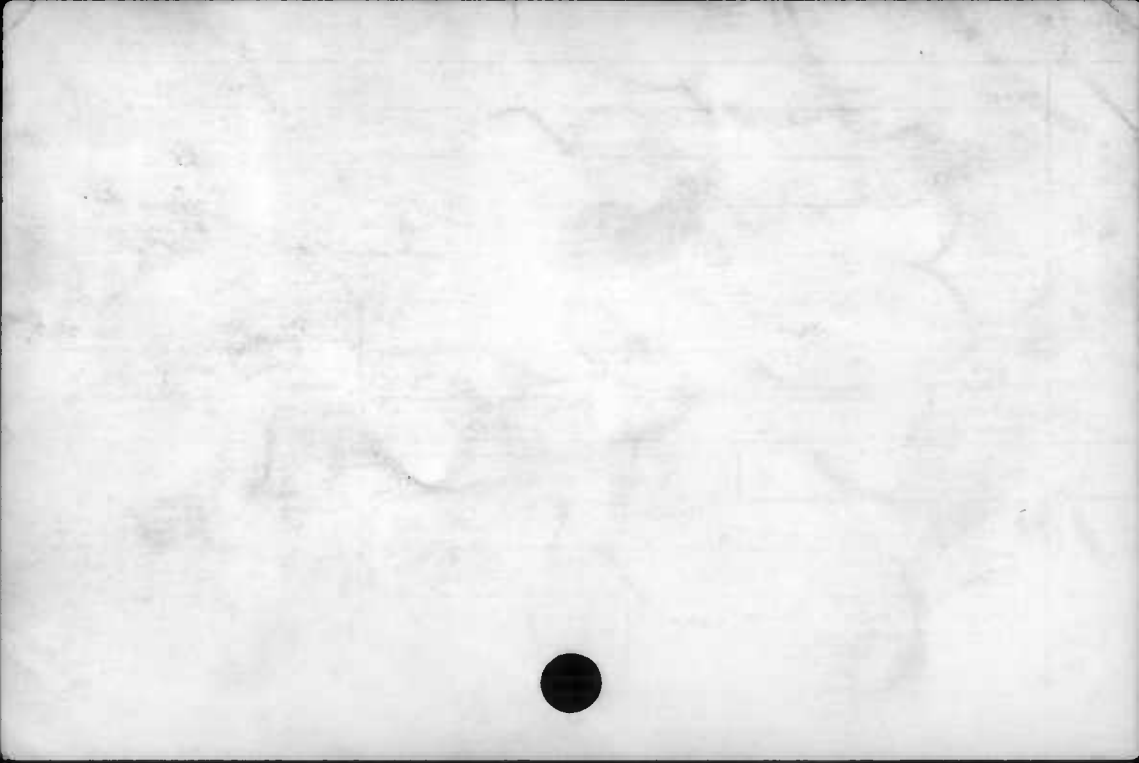
Address

J. H. Latham
Galena, Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

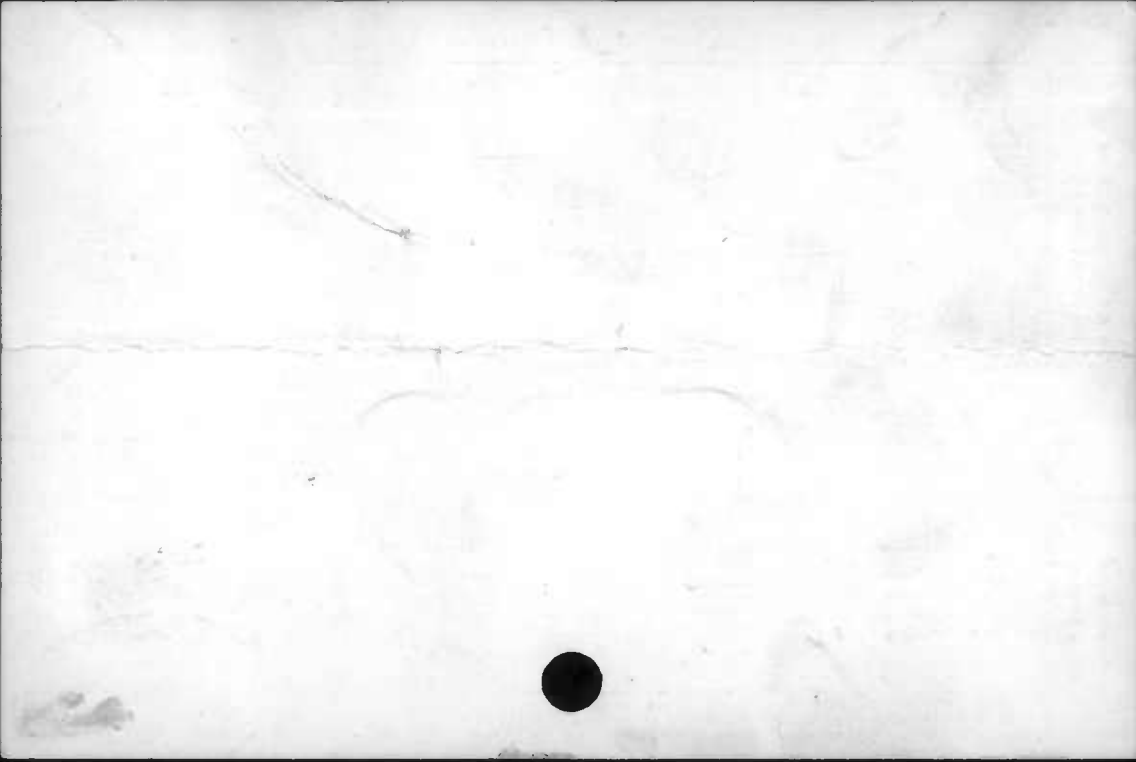
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Swan Creek,</i>		County <i>Kent.</i>		MARYLAND	
Date of death	1909	Month <i>Mar</i>	Day <i>23</i>	Age <i>2</i>	Months <i>—</i> Days <i>—</i>
Sex <i>Male.</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Occupation <i>none</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>X</i>	Name of Wife or Husband				
Father's Name <i>Dwight Janner</i>	Father's Birthplace <i>Ind. Kent Co</i>				
Mother's Maiden Name <i>Izzie Munn</i>	Mother's Birthplace <i>Kent Co Ind</i>				
Name of person giving Information <i>Joseph Munn</i>	How related to deceased <i>Grandfather.</i>				

CAUSES OF DEATH

101

Primary	<i>Ulcerated Insinitis</i>	How long <i>3 days.</i>
Immediate	<i>Spasmodic Croup.</i>	How long <i>11 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>Frank W Smith.</i>
		Address <i>Fairlee Ind.</i>
Accident or Suicide	<i>no</i>	



Name
in
Full

William Jester

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Betterton Town Hent County MARYLAND

Date of death 190 9 Month Mar Day 5 Age 62 Months 2 Days —

Sex male Color or Race white Birth-place Ind

Occupation fisherman Where Residing if not at place of death —

Married, Single or Widowed Widower Name of Wife or Husband Florence Owens

Father's Name John Jester Father's Birthplace Ind

Mother's Maiden Name Anna E. Patton Mother's Birthplace Ind

Name of parson giving Information Alfred Jester How related to deceased Bro

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary Bright's disease, How long 3 years,

Immediate Heart-disease, How long —

Are the name, age, sex, color, data and place correctly given above? yes, Signature of Physician W. S. Maxwell

Address Still Pond, Md.

Accident or Suicide

Still Pond md

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

George Ford Jr.
Town Kennedyville County Kent
Died at near
Date of death 1909 March 24 Age 1 Months 3 Days
Sex male Color or Race Black Birth-place Md
Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name

George Ford

Father's Birthplace

Md

Mother's Maiden Name

Martha Baurd

Mother's Birthplace

Md

Name of person giving information

George Ford

How related to deceased

father

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary

Pneumonia

How long

3 weeks

Immediate

Asphyxia

How long

1 hour

Are the name, age, sex, color, date and place correctly given above?

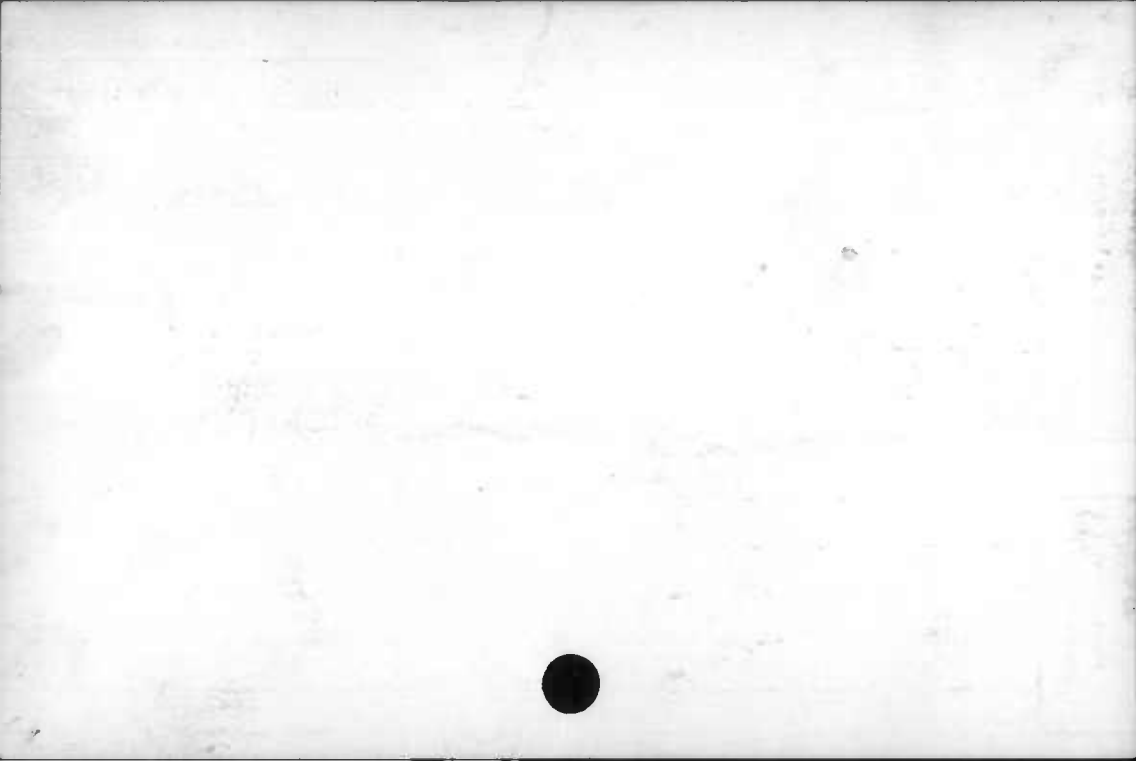
yes

Signature of Physician

Address

Jas. W. White
Kennedyville
Md.

Accident or Suicide



Name
in
Full

Hannah Mc Kee

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cherchestown</i>		County <i>Newk</i>		MARYLAND	
Date of death	1909	Month	mar	Day	13
Age	70				
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation	<i>none</i>		Where Residing if not at place of death	<i>Q.A. Co., Md</i>	
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Daniel McKee</i>	
Father's Name	<i>James Braceland</i>			Father's Birthplace	<i>Ireland</i>
Mother's Maiden Name	<i>Elizabeth Quigley</i>			Mother's Birthplace	<i>Ireland</i>
Name of person giving Information	<i>Annie McKee</i>			How related to deceased	<i>Daughter</i>

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	<i>Infirmities of age</i>	How long	<i>several months</i>
Immediate	<i>Cardiac failure</i>	How long	<i>suddenly</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>H. T. Simpson</i>
		Address	<i>Cherchestown</i>
Accident or Suicide	<i>No</i>		

Nerguson
Christen Cemetery

Name
in
Full

Frances Titus Maslin

CERTIFICATE OF DEATH

Died at *Rock Hall* ^{Town}*Kent* ^{County}

MARYLAND

Date of death *1909* ^{Month} *Mar*^{Day} *7*^{Years} *3* ^{Age}^{Months} *7*^{Days} *—*Sex *Male*

Color or Race

*White*Birth-place *Kent Co Md*

Occupation

None

Where Residing if not at place of death

Married, Single or Widowed

Single

Name of Wife or Husband

None

Father's Name

Thomas L. Maslin

Father's Birthplace

Maryland

Mother's Maiden Name

Mary S. Briden

Mother's Birthplace

Maryland

Name of person giving information

Thomas L. Maslin

How related to deceased

Farther

CAUSES OF DEATH

Primary

Meningitis

How long

10 days

Immediate

Exhaustion

How long

5 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

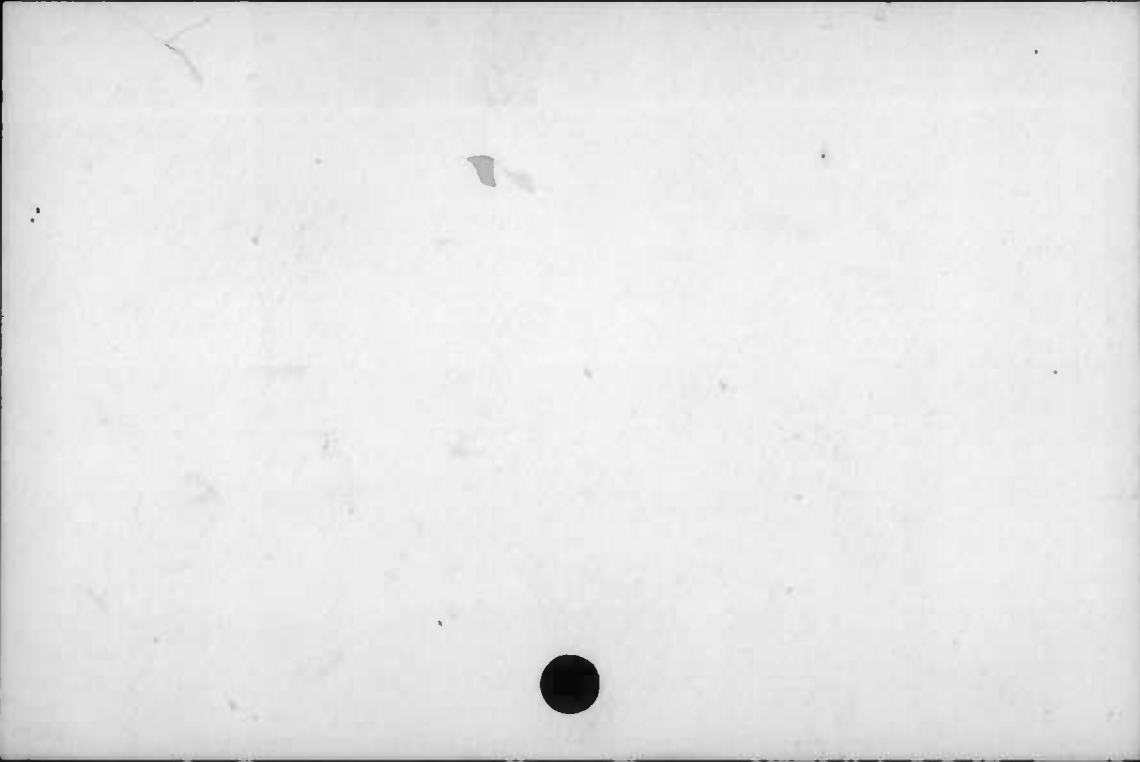
W. H. Schwatka M.D.

Address

Rock Hall Kent Co Md

Accident or Suicide?

*no*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Lulu Mason

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Metitosa ^{Town} Kent ^{County} **MARYLAND**

Date of death 1907 ^{Month} March ^{Day} 13 ^{Years} 3 ^{Months} 1 ^{Days} 4

Sex female Color or Race Colored Birth-place Balto.

Occupation Child Where Residing if not at place of death Metitosa

Married, Single or Widowed Single Name of Wife or Husband _____

Father's Name William Henry Mason Father's Birthplace Maryland

Mother's Maiden Name Rebecca Banner Mother's Birthplace Kent Co.

Name of person giving information Wm H. Mason How related to deceased Father

CAUSES OF DEATH

29

Primary Tubes Mesenterica How long 4 or 5 months

Immediate Tubes Mesenterica How long 4 or 5 months

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

H. Benge
Chick town Md

Accident or Suicide _____PHYSICIAN
OR CORONER

Hicks
Intermittent Metastasis

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary P. Meredith,

Died at *near* ^{Town} *Kennedynville* ^{County} *Reub* **MARYLAND**

Date of death *1909* ^{Month} *Mar* ^{Day} *31* ^{Years} *73* ^{Months} *—* ^{Days} *—*

Sex *Female* Color or Race *White* Birth-place *Maryland*

Occupation *Housewife* Where Residing if not at place of death *near Kennedynville*

Married, Single or Widowed *Widow* Name of Wife, or Husband *Thomas Meredith*

Father's Name *Edward Whittier* Father's Birthplace *Ind.*

Mother's Maiden Name *Mary Fitch* Mother's Birthplace *Ind.*

Name of person giving Information *James Weir* How related to deceased *Grandson*

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary *" Grip "* ^{How long} *3 weeks*

Immediate *Hemorrhage from lungs* ^{How long} *suddenly*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *D. Grant Zarnoch*

Address *Kennedynville*

Accident or Suicide *no* *Ind.*

Nicks,

Intermont-Kennedyville.

Name
in
Full

Grace Mitchell

Kent-

CERTIFICATE OF DEATH

Died at

near Glens

County

Kent-

MARYLAND

Date

of death

190

9

Month

Mar

Day

10

Age

24

Years

Months

4

Days

Sex

Female

Color or
Race

Colored

Birth-
place

Galena

Occupation

Housewife

Where Residing if not
at place of death

near Galena

Married, Single
or Widowed

Married

Name of Wife or
Husband

Frank Mitchell

Father's
Name

James Wilson

Father's
Birthplace

Kent-Md.

Mother's
Maiden Name

Fredia

Mother's
Birthplace

Kent-Md.

Name of person giving
Information

Frank Mitchell

How related
to deceased

Husband

CAUSES OF DEATH

27

Primary

Tuberculosis

How long

Year

Immediate

Hemorrhage

How long

4 days

Are the name, age, sex, color, date
and place correctly given above?

yes

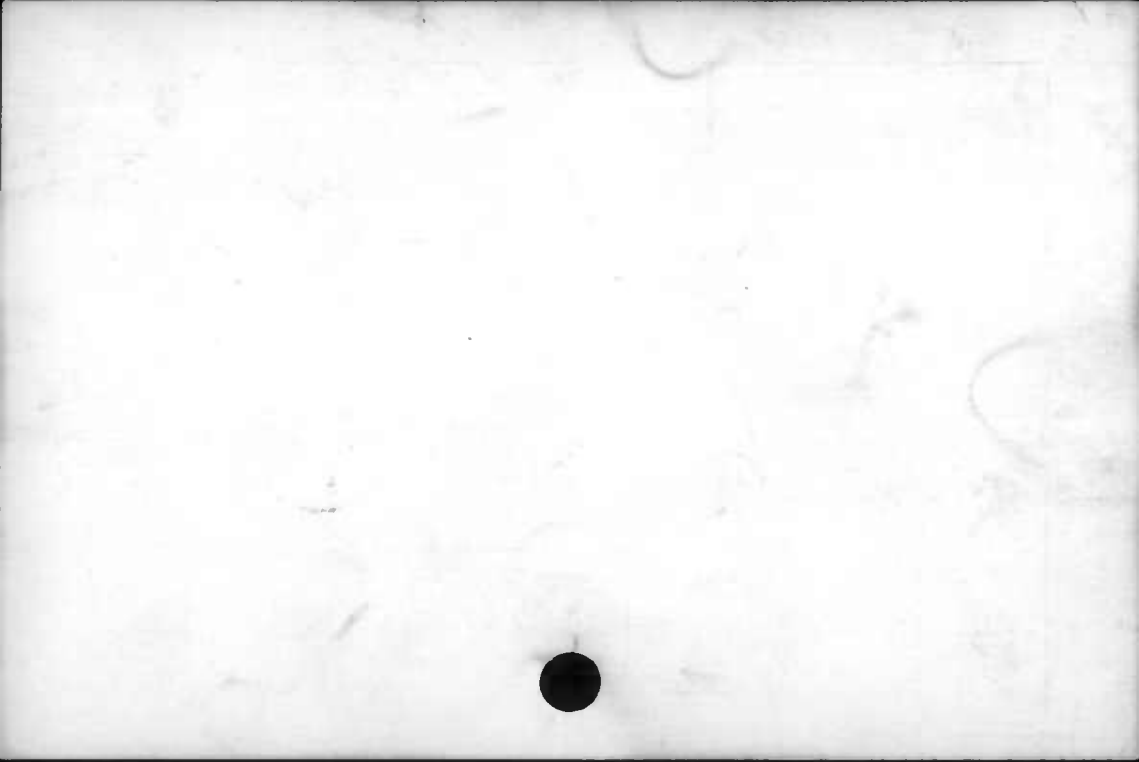
Signature of
Physician

Address

Jas W. Urie
Kenssedyville
Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Emily H. Nicholson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chroton town</i> ^{Town}		<i>Kent</i> ^{County}		MARYLAND	
Date of death <i>1909 March 25</i>		Age <i>60</i>	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>New Hampshire</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Kent Co.</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>John F. Nicholson</i>				
Father's Name <i>—</i>	<i>Gouding</i>		Father's Birthplace <i>New Hampshire</i>		
Mother's Maiden Name <i>—</i>	<i>Greenwood</i>		Mother's Birthplace <i>New Hampshire</i>		
Name of person giving information <i>John P. Nicholson</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>	How long <i>about 8 hours</i>
Immediate <i>Pulmonary Edema</i>	How long <i>two hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank B. Hines M.D.</i>
	Address <i>Chroton town Md</i>
Accident or Suicide? <i>No</i>	

Chas. W. Wad

Chester Cemetery

Name in Full Mary Edward Perkins		CERTIFICATE OF DEATH	
Died at Town Chester town		County Kent	
Date of death 1909 March 18		Age 75	
Sex Female		Color or Race White	
Occupation Housewife		Where Residing if not at place of death Chester town Md	
Married, Single or Widowed Widowed		Name of Wife or Husband Edw. J. Perkins, Jr.	
Father's Name Edward Warrick		Father's Birthplace Balto. Md	
Mother's Maiden Name Mary Minchel		Mother's Birthplace Philadelphia	
Name of person giving information Geo. W. Perkins		How related to deceased Son	
CAUSES OF DEATH			
Primary Mitral Regurgitation		How long about 2 yrs.	
Immediate Angina		How long few minutes	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Frank B. Hines M.D.	
		Address Chester town, Md.	
Accident or Suicide? no			

Yinguson
Chester Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *near Rock Hall* ^{Town} *Kent* ^{County}Date of death *1909* ^{Month} *March* ^{Day} *14* ^{Years} *2* ^{Months} *—* ^{Days} *—*Sex *Male* Color or Race *Black* Birth-place *Kent Co Md*Occupation *—* Where Residing if not at place of death *at Place of Death*Married, Single or Widowed *—* Name of Wife or Husband *—*Father's Name *John L Ringgold* Father's Birthplace *Kent Co Md*Mother's Maiden Name *Harriet White* Mother's Birthplace *Md*Name of person giving information *Samuel Cooper* How related to deceased *None*

CAUSES OF DEATH

179

Primary *Do not know — no Doctor* ^{How long} *Attending*Immediate *Supposed to be natural* ^{How long} *Causes*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

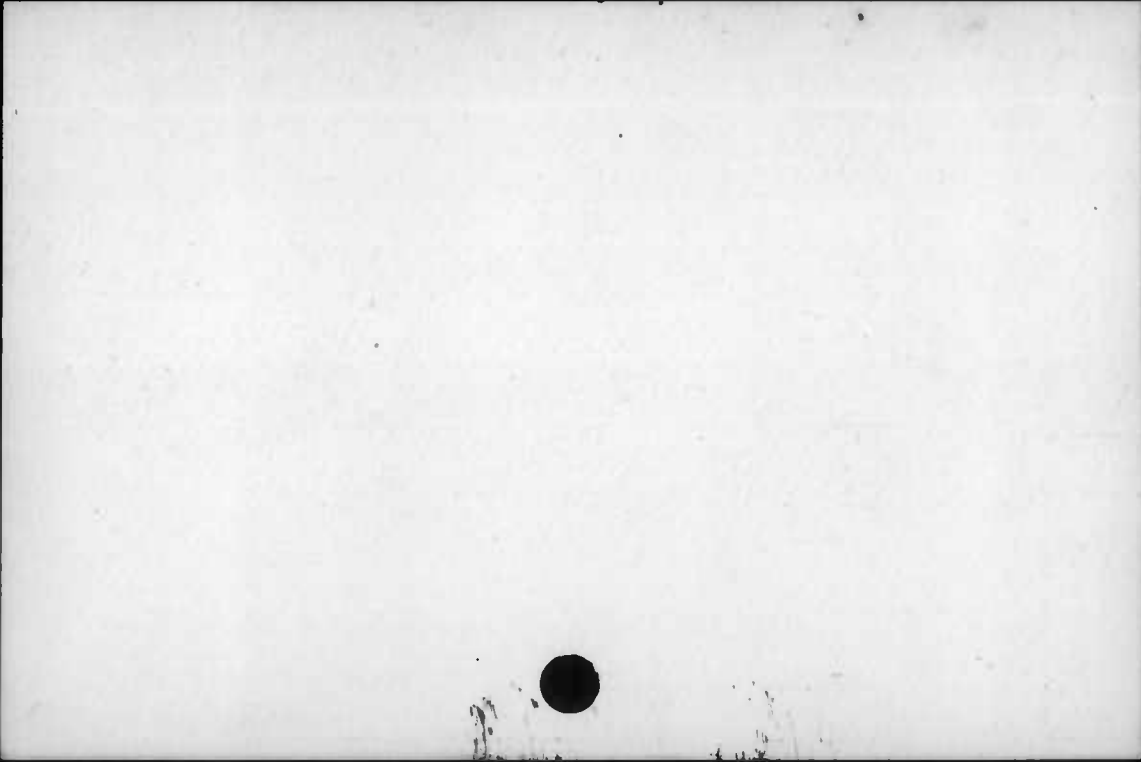
Address

Accident or Suicide? *no*

ROCK HALL MD

LIBRARY BUREAU 10010

PHYSICIAN
OR CORONER



Name
in
Full

James. O Robinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Chester Town</u> Town		<u>Neut.</u> County		MARYLAND	
Date of death	<u>1909</u> Month <u>March</u>	Day <u>3</u>	Age <u>59</u> Years	Months	Days
Sex <u>Male</u>	Color or Race <u>Black</u>		Birth-place <u>Chester Md</u>		
Occupation <u>Cook</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Ida Robinson</u>			
Father's Name <u>William Robinson</u>			Father's Birthplace <u>Chester Md</u>		
Mother's Maiden Name <u>Rebecca Brown</u>			Mother's Birthplace <u>Chester Md</u>		
Name of person giving information <u>Ed Robinson</u>			How related to deceased <u>Brother</u>		

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	<u>Lf. arteriosclerosis</u>	How long	<u>15 mi</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Chas W Wheland MD</u>	
		Address <u>Chester Town</u>	
		<u>Maryland</u>	
Accident or Suicide?			

James M. & Ben
Yergason

Name in Full		Vilbor. Robinson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Chestertown</u> <small>Town</small>		<u>Neue</u> <small>County</small>		MARYLAND	
		Date of death <u>1909</u> <small>Month</small> <u>March</u> <small>Day</small> <u>2</u>		Age <u>2</u> <small>Years</small>		Months <u>2</u> <small>Days</small>	
		Sex <u>Male</u>		Color or Race <u>Black</u>		Birth-place <u>Chestertown Md.</u>	
		Occupation <u>None</u>		Where Residing if not at place of death <u>✓</u>			
		Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>None</u>			
		Father's Name <u>Edmond Robinson</u>		Father's Birthplace <u>Chestertown Md</u>			
Mother's Maiden Name <u>Harriette Perry</u>		Mother's Birthplace <u>Kent Island Ga Co</u>					
Name of person giving information <u>Edmond Robinson</u>		How related to deceased <u>Father</u>					
		CAUSES OF DEATH		104			
PHYSICIAN OR CORONER		Primary <u>Acute Indigestion</u>		How long <u>2 days</u>			
		Immediate <u>✓</u>		How long			
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Chas W Wheland MD</u>			
				Address <u>Chestertown</u>			
		Accident or Suicide <u>2</u>		Maryland.			

James M. E. Cemetery
Harrison

Name
in
Full

Marguerite ~~Robb~~ Sewell

CERTIFICATE OF DEATH

Died at ^{Town} Near Still Pond ^{County} Kent **MARYLAND**

Date of death 1909 ^{Month} March ^{Day} 9 Age — ^{Years} — ^{Months} 9 ^{Days} —

Sex female Color or Race Black Birth-place md

Occupation — Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Charlie Sewell Father's Birthplace md

Mother's Maiden Name Temple Scott Mother's Birthplace md

Name of person giving Information Charlie Sewell How related to deceased father

CAUSES OF DEATH

Primary ~~Cholera~~ Bronchitis 90 How long a few days

Immediate

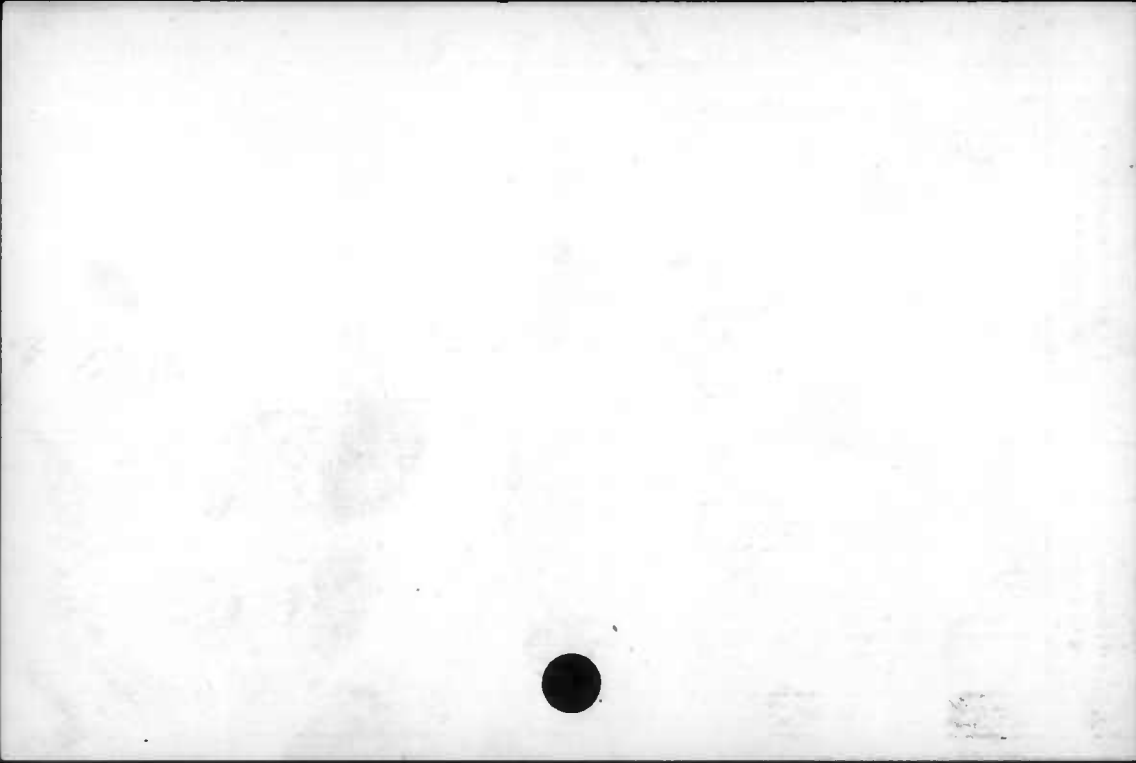
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician W. S. Maxwell
Address Still Pond, Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Ruth Ann Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Near* ^{Town} *Worton* ^{County} *Stent* **MARYLAND**

Date of death *1909* ^{Month} *Mar* ^{Day} *6* ^{Years} *72* ^{Months} *-* ^{Days} *-*

Sex *female* Color or Race *white* Birthplace *md*

Occupation *Former* Where Residing if not at place of death *-*

Married, Single or Widowed *widow* Name of Wife or Husband *Highland P. Smith*

Father's Name *James Thomas* Father's Birthplace *Del*

Mother's Maiden Name *Ellen Price* Mother's Birthplace *md*

Name of person giving Information *Mrs Theodore Jewell* How related to deceased *daughter*

CAUSES OF DEATH

48

PHYSICIAN
OR CORONER

Primary *Rheumatic Gout* How long *6 years*

Immediate *Rheumatic Gout* How long *6 years*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *H. B. Simmons*

Address *Chester town*

Accident or Suicide *no.* *md*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Elizabeth Stevens

Town *Millington* County *Kent* **MARYLAND**

Died at *Millington*

Date of death *1909* Month *Mar* Day *14* Age *68* Months *—* Days *—*

Sex *Female* Color or Race *Colored* Birthplace *P. A. Co.*

Occupation *Housework* Where Residing if not at place of death *At home*

Married, Single or Widowed *Widow* Name of Wife or Husband *John Stevens*

Father's Name *Samuel Emery* Father's Birthplace *P. A. Co.*

Mother's Maiden Name *Elizabeth Bradley* Mother's Birthplace *P. A. Co.*

Name of person giving Information *Samuel Emery* How related to deceased *Brother*

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

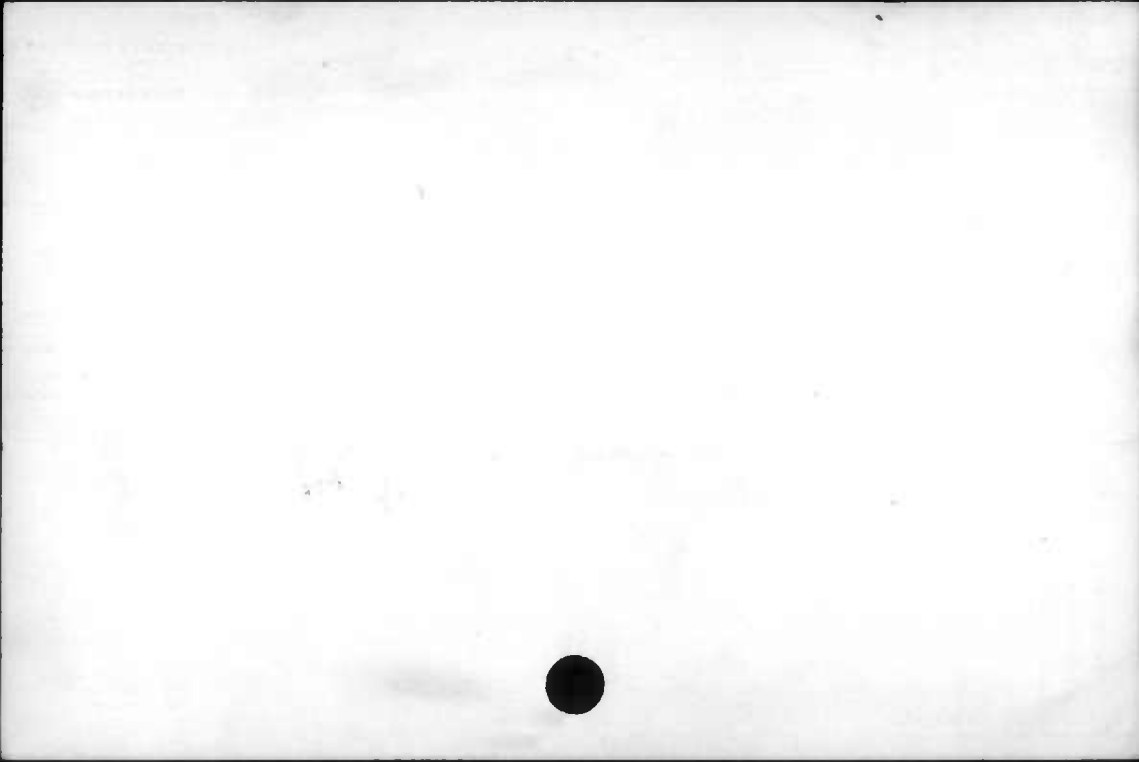
Primary *In Trip* How long *3 Weeks*

Immediate *Age & Exhaustion* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *John M. W.*

Address *Millington*

Accident or Suicide *—*



Mr. Harry Tallman

MARYLAND

Date of death 1909 March 20 Age 85

Sex	Male	Color or Race	White	Birth-place	Penn ^a
Occupation					

Occupation *Garage Owner* Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband none

Father's Name John Hallman

Father's Birthplace *La Kenna*

Mother's
Maiden Name *Unk. / Known*

Mother's Birthplace *U.S. Kansas*

Name of person giving Information Sam. Conner

How related to deceased *None*

CAUSES OF DEATH

Primary Lacrappha

How long *Today*

Immediate Ed. Kach...

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

OFFICE SUPPLY CO., 11-16-08

**TO BE ANSWERED BY
NEAREST FRIEND**

PHYSICIAN
OR CORONER

Chas L Dodd.
MP Cemetery at
Kennedyville

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Lda Lee Taylor</i>		Town <i>Near Horton</i>		County <i>Kent</i>		MARYLAND	
Died at <i>Near Horton</i>							
Date of death <i>1909</i>		Month <i>March</i>	Day <i>26</i>	Age <i>40</i>	Years	Months <i>6</i>	Days <i>11</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Kent Co Md.</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>at home</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Harry E. Taylor</i>					
Father's Name <i>Sam'l H. Walker</i>		Father's Birthplace <i>Kent Co Md.</i>					
Mother's Maiden Name <i>Mary Anne Cornelius</i>		Mother's Birthplace <i>Kent Co Md.</i>					
Name of person giving Information <i>Harry E. Taylor</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Acute Nephritis</i>	How long <i>4 days</i>
Immediate <i>Convulsions</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. Benge Simmons</i>
	Address <i>Chester town Md.</i>
Accident or Suicide <i></i>	

Union Church

Name
in
Full

Mary Agnes Tillison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{town} near Lynch		^{County} Kent		MARYLAND	
Date of death 1909		Month Mar	Day 1	Age 46	Months — Days —
Sex female	Color or Race black		Birth-place Md		
Occupation Housewife	Where Residing if not at place of death —				
Married, Single or Widowed married	Name of Wife or Husband Samuel Tillison				
Father's Name William Harrison	Father's Birthplace Md				
Mother's Maiden Name Caroline Hayzard	Mother's Birthplace Md				
Name of person giving Information Sarah Tillison			How related to deceased daughter		

CAUSES OF DEATH

99

Primary Hemorrhage of the Lungs.	How long a few minutes.
Immediate	How long

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician

W. S. Haywell

Address

Still Pond. Md.

Accident or Suicide

Fountani Church.

Name
in
Full

Edythe Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

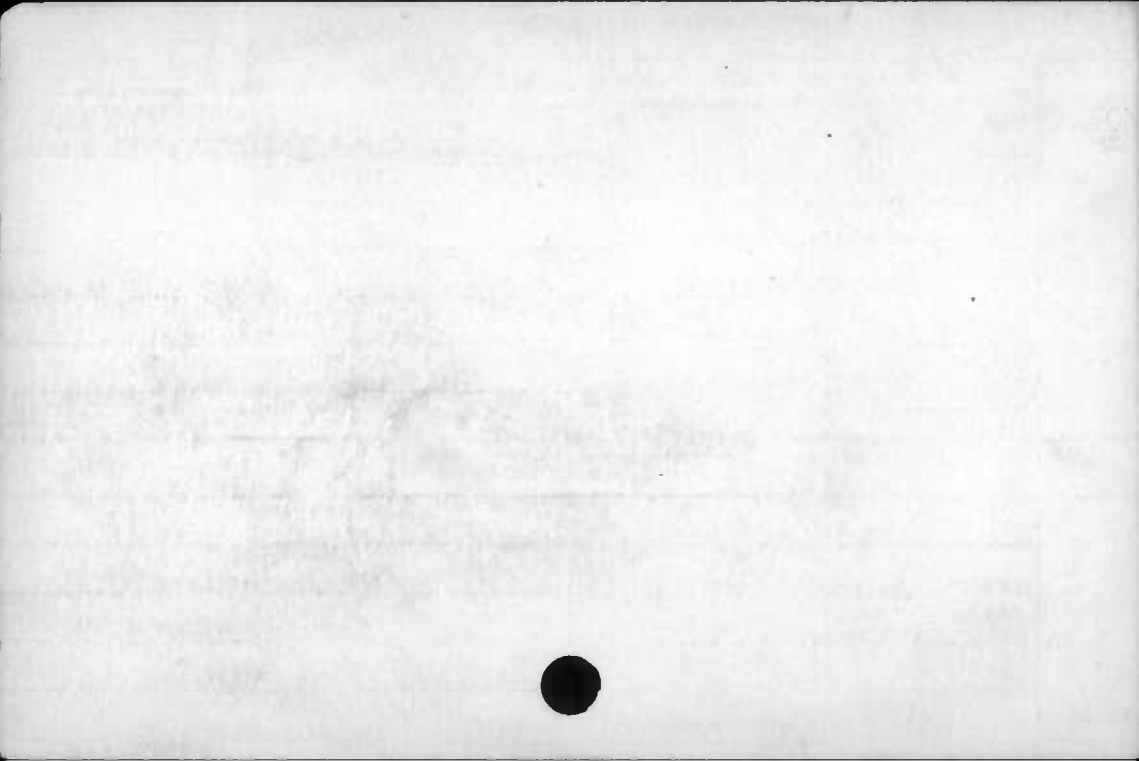
Died at <i>The Grove</i> ^{Town}		<i>Kent</i> ^{County}		MARYLAND	
Date of death	<i>1909</i>	Month <i>March</i>	Day <i>24th</i>	Age <i>5-3</i>	Months <i>10 mos</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>The Grove</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Perry Wilson</i>				
Father's Name <i>Josiah Matthews</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Eliza J Thompson</i>	Mother's Birthplace <i>Kent Co</i>				
Name of person giving information <i>Alexander Thompson</i>	How related to deceased <i>Uncle</i>				

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary <i>Grippe</i>	How long <i>3 months</i>
Immediate <i>Pneumonia</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>F. V. Sheppard M.D.</i>
	Address <i>Cumington Ind</i>
Accident or Suicide? <i>_____</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

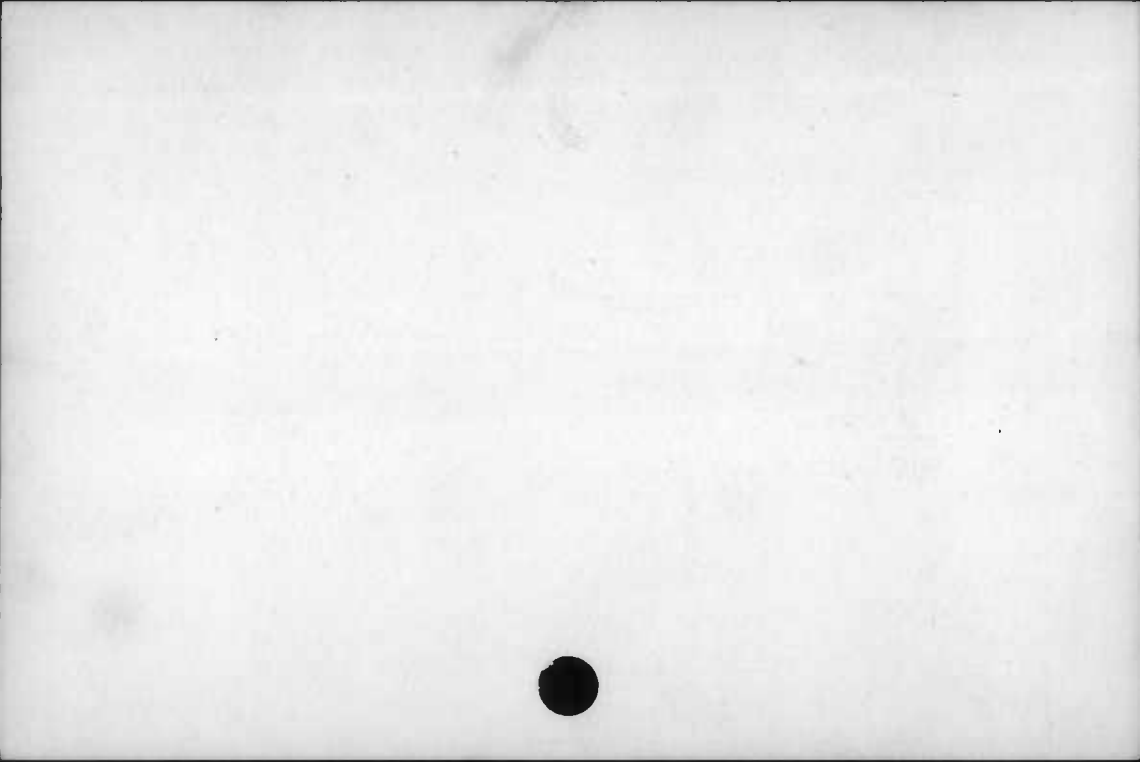
Died at <i>Edersville</i> <small>Town</small>		<i>Kent</i> <small>County</small>		MARYLAND	
Date of death	<i>1909</i>	Month	<i>march</i>	Day	<i>21st</i>
Age		<i>66</i>	Years	Months	<i>3</i>
Days		<i>2</i>			
Sex	<i>male</i>	Color or Race	<i>White</i>	Birth-place	<i>Ohio</i>
Occupation	<i>Carpenter</i>		Where Residing if not at place of death <i>1124 1/2 Fulton Ave Balto</i>		
Married, Single or Widowed	<i>married</i>	Name of Wife or Husband	<i>Clark Ellen Wilson</i>		
Father's Name	<i>not known</i>		Father's Birthplace	<i>not known</i>	
Mother's Maiden Name	<i>not known</i>		Mother's Birthplace	<i>not known</i>	
Name of person giving information	<i>Charles Cornspher</i>		How related to deceased	<i>son in law</i>	

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>5 weeks</i>
Immediate	<i>Exhaustion</i>	How long	<i>12 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. H. Schwartz M.D.</i>
		Address	<i>Rock Hall Kent Co Md</i>
Accident or Suicide?	<i>no</i>		



Name
in
Full

Thomas. Wesley Wright

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chestertown</i>		County <i>Kent.</i>		MARYLAND	
Date of death	1909	Month	March.	Day	17.
Age	65	Years		Months	10
Sex	Male.	Color or Race	Black.	Birth-place	Lo. Co
Occupation	Day Laborer.		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Barrie R. Wright.		
Father's Name	Thos. Wright.		Father's Birthplace	Lo. Co Md	
Mother's Maiden Name	Mary Wright		Mother's Birthplace	Kent Co Md	
Name of person giving Information	Barrie R. Wright.		How related to deceased	Wife	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Bright disease</i>	How long	<i>6. years</i>
Immediate	<i>Heart failure</i>	How long	<i>3 days</i>
Are the name, age, sex, color, data and place correctly given above?	<i>yes.</i>	Signature of Physician	<i>E. W. Wheland M.D.</i>
		Address	<i>Chestertown Md</i>
Accident or Suicide			

Chack Road
Under taken

Snake Neck Cemetery
Near Chestertown